

REQUEST FOR DIRECT DEPOSIT PERIODIC PAYMENTS

If you change bank accounts, make sure that you do not close your previous account until your pension is deposited in your new account.

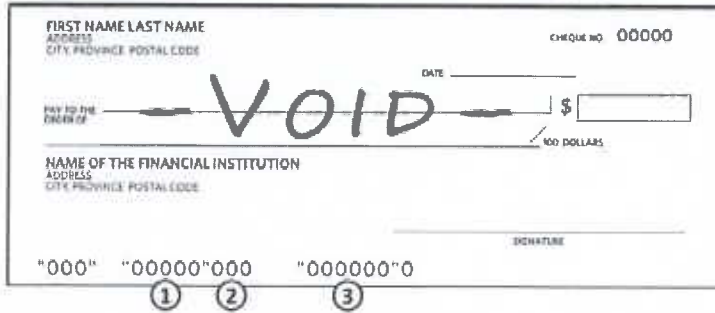
Please **print clearly**. Return the duly completed **original form** and keep a copy for your records.

SECTION 1 – PERSONAL INFORMATION

Last name	First name and initials		
Address (civic number, street name and apartment number)			
City	Province	Postal code	Country
Telephone number	Employee number or other identification number		

SECTION 2 – INFORMATION ON BANK ACCOUNT

If you have personalized cheques on which your name, address and full account number are printed, please enclose a blank cheque with this application, making sure to write the word "VOID" across the cheque.



- 1: Branch number
- 2: Financial institution number
- 3: Account number

If you do not have personalized cheques, please provide the following information, using the example above as a reference:

Branch number	Financial institution number	Account number
Name of the financial institution		Telephone number
Address of the financial institution		

SECTION 3 – AUTHORIZATION

I hereby authorize my monthly pension payments to be deposited to my bank account starting on the date indicated below.

Date as of which the deposit can start (YYYY MM DD):

Signature Date (YYYY MM DD)